

Name
in
Full

Wishner Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|------|-----------------------|------------------|----------------------------|-------|------------------------|-----------|
| Died at | | Town Pocomoke city | | County Worcester | | MARYLAND | |
| Date of death 190 | 3 | Month 7 | Day 29 | Age | Years | Months 1 | Days 2 |
| Sex | male | | Color or Race | white | | Birth- place | Md. |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | E. J. Adkins | | Father's Birthplace | Md. |
| Mother's Maiden Name | | | | Sarah Byrd | | Mother's Birthplace | Md. |
| Name of person giving In formation | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|-----------------|-----|---------------------------|---------------|
| Primary | Fever & Gravel. | | How long | 4 weeks |
| Immediate | Exhaustion | | How long | some days |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | J. W. Wells |
| | | | Address | Pocomoke City |
| Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

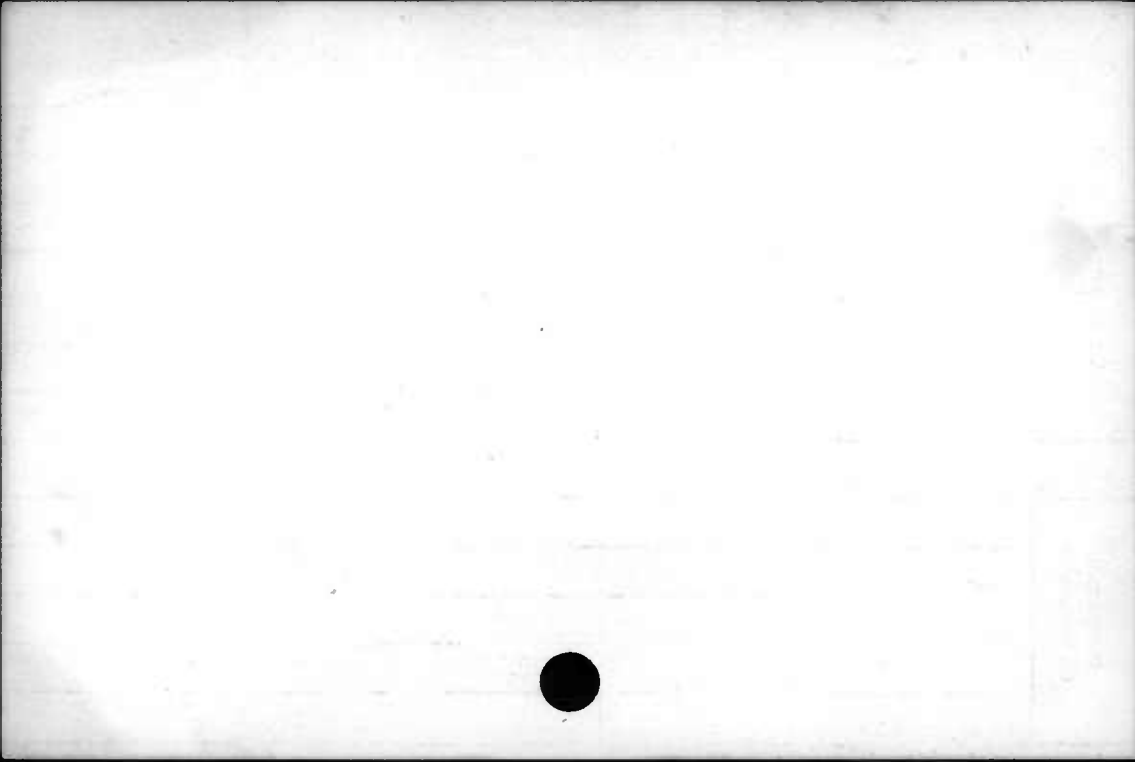
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------------------|------------------------------------|----------------------------|----------|-------------|
| Died at <i>Snow Hill</i> ^{Town} | | <i>Worcester</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>3</i> | <i>July</i> ^{Month} | <i>26</i> ^{Day} | Age | Years | Months Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place | | |
| Married, Single or Widowed <i>Married</i> | Occupation | | | | |
| Name of Wife Husband <i>Lillian Birch</i> | Father's Name <i>Thos White</i> | | Father's Birthplace | | |
| Mother's Maiden Name <i>Susan White</i> | Mother's Birthplace | | | | |
| Name of person giving Information | | | How related to deceased | | |

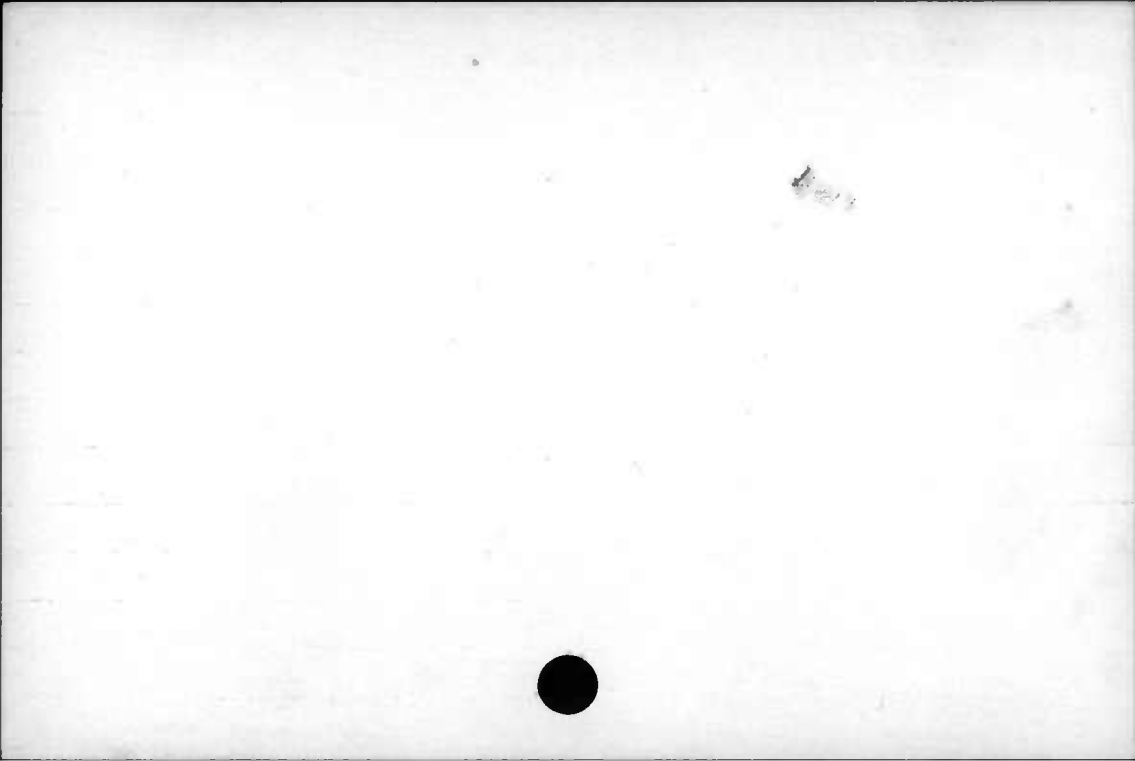
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Typhoid Fever</i> | How long <i>over two weeks</i> |
| Immediate <i>Perforation</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Paul Jones</i> |
| | Address <i>Snow Hill Md</i> |
| Accident or Suicide? | |



| | | | |
|---|--|---------------------------------------|---|
| Name in Full Wm. Karl Boettcher | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at Snow Hill <small>Town</small> | | Worcester <small>County</small> |
| | Date of death 190 3 Month 7 Day 10 | | Age ✓ Years 8 Months 2 Days 7 |
| | Sex Male | Color of Race White | Birth-place Snow Hill, Md. |
| | <input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> or Widowed | | Occupation |
| | Name of Wife or Husband | | |
| | Father's Name Wm. Boettcher | | Father's Birthplace Germany |
| | Mother's Maiden Name Heath | | Mother's Birthplace North Carolina |
| Name of person giving Information Mrs. Wm. Boettcher | | How related to deceased Mother | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary Peritro-Colitis | | How long |
| | Immediate | | How long 105 |
| | Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician W. H. Thompson, M.D. |
| | | | Address Snow Hill, Md. |
| | Accident or Suicide? ✓ | | |



Name
in
Full

CERTIFICATE OF DEATH

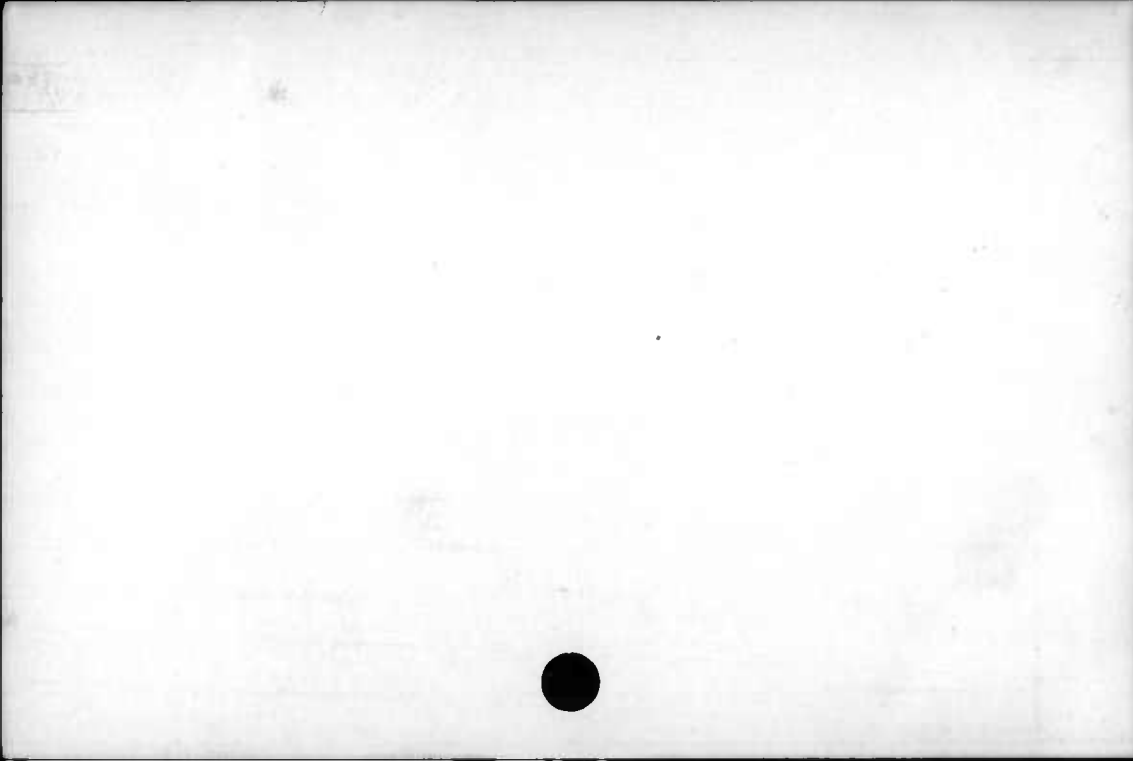
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|------------------------------------|----------------------|---------------------------|---------------|------------------------|---|-------------------------|-------------|
| Died at <i>Pocomoke City</i> | | Town <i>Pocomoke City</i> | | County <i>Accomack</i> | | MARYLAND | |
| Date of death 190 | 3 | Month | July | Day | 3 | Age | 71 |
| Sex | Male | | Color or Race | White | | Birth-place | Accomack Va |
| Married, Single or Widowed | Married | | | Occupation | | | Farmer |
| Name of Wife or Husband | Sarah M. Brillingham | | | | | | |
| Father's Name | James Brillingham | | | | | Father's Birthplace | Accomack Va |
| Mother's Maiden Name | Don't know | | | | | Mother's Birthplace | " " |
| Name of person giving information | H. H. Thompson | | | | | How related to deceased | Son-in-law |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|----------------|--|------------------------|---------------------------|
| Primary | <i>Smility</i> | | How long | <i>Two weeks</i> |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | | Signature of Physician | <i>R. Lee Hall</i> |
| | | | Address | <i>Pocomoke City, Md.</i> |
| Accident or Suicide? | | | | |



| | | | | | | | |
|--|--|--|--|--|--|----------------------|--|
| Name in Full Henry Clay Cornaway | | Town Berlin | | County Worcester Md. | | CERTIFICATE OF DEATH | |
| Died at | | MAYLAND | | | | | |
| Date of death 1903 | | Month July | | Day 11 | | Years 59 | |
| Sex Male | | Color or Race White | | Months 4 | | Days 13 | |
| Married, Single or Widowed Married | | Occupation Postmaster | | Birth-place Millsborough Del. | | | |
| Name of Wife or Husband Annie G. Cornaway | | Father's Name H. C. Cornaway | | Father's Birthplace Millsborough | | | |
| Mother's Maiden Name A. G. Drilling | | Mother's Birthplace Berlin Md. | | How related to deceased Son. | | | |
| Name of person giving information H. C. Cornaway Jr. | | 104 | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Inflammation of Stomach & Bowels | | How long 3 years | | | | | |
| Immediate General debility | | How long 5 weeks | | | | | |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician H. C. Cornaway M.D. | | Address Berlin Md. | | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

Sarah A. Dickinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------------|-------------------------|--|----------|----------------|
| Died at <u>Pocomoke City</u> | | County <u>Worcester</u> | | MARYLAND | |
| Date of death 190 <u>3</u> | Month <u>July</u> | Day <u>2</u> | Years <u>8</u> | Months | Days <u>25</u> |
| Sex <u>female</u> | Color or Race <u>col</u> | | Birth-place <u>Pocomoke</u> | | |
| Married, Single or Widowed <u>—</u> | | | Occupation | | |
| Name of Wife or Husband <u>—</u> | | | | | |
| Father's Name <u>Wm. Breckinshaw</u> | | | Father's Birthplace <u>MD</u> | | |
| Mother's Maiden Name <u>Lena Redden</u> | | | Mother's Birthplace <u>Pocomoke</u> | | |
| Name of person giving information <u>Sarah J. Redden</u> | | | How related to deceased <u>Grandmother</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary | How long |
| Immediate <u>Gastritis</u> | How long <u>151</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Sp. Smith M.D.</u> |
| | Address <u>Pocomoke</u> |
| Accident or Suicide? | |



Name
in
Full

Ellishey Franklin

CERTIFICATE OF DEATH

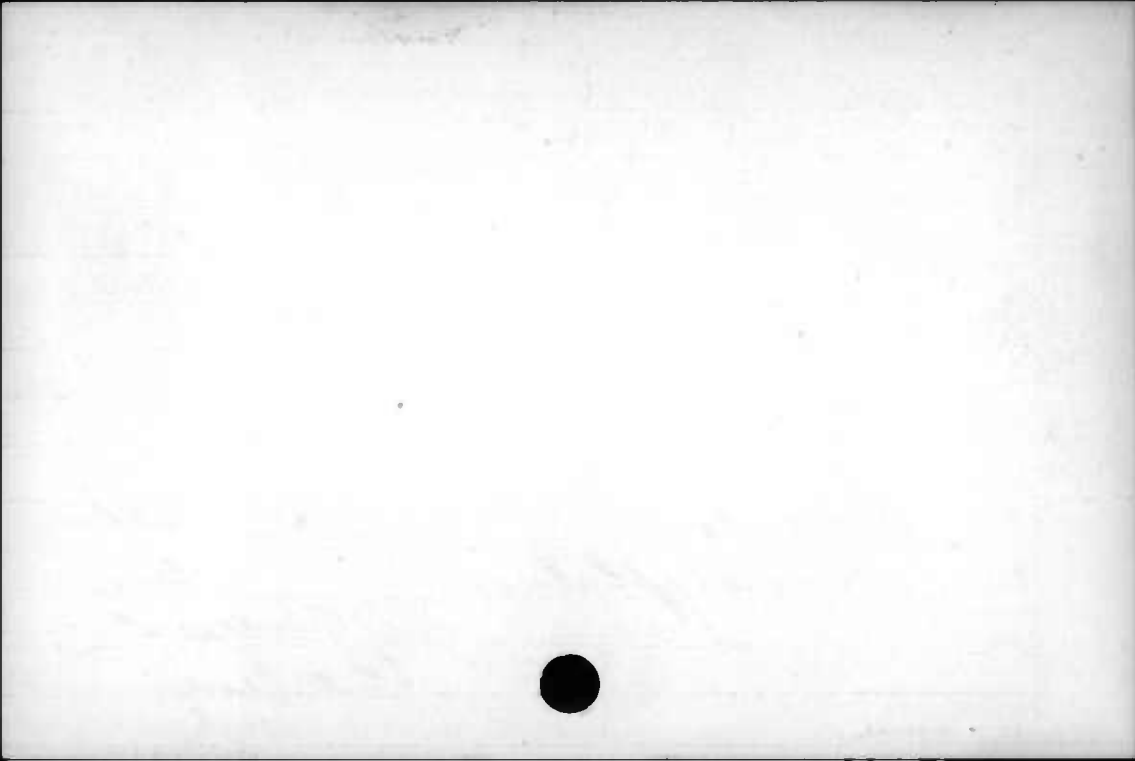
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|------------------------------------|---|---------------------|------|
| Died at <u>Berlin</u> ^{Town} | | <u>Worcester</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>3</u> | Month <u>July</u> | Day <u>10</u> | Age <u>18</u> | Months <u>18</u> | Days |
| Sex <u>Male</u> | Color or Race <u>Black</u> | | Birth- place <u>Berlin</u> | | |
| Married , Single or Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name <u>Mary Franklin</u> | | | Mother's Birthplace <u>Berlin</u> | | |
| Name of person giving In formation <u>James Spence</u> | | | How related to deceased <u>uncle</u> | | |

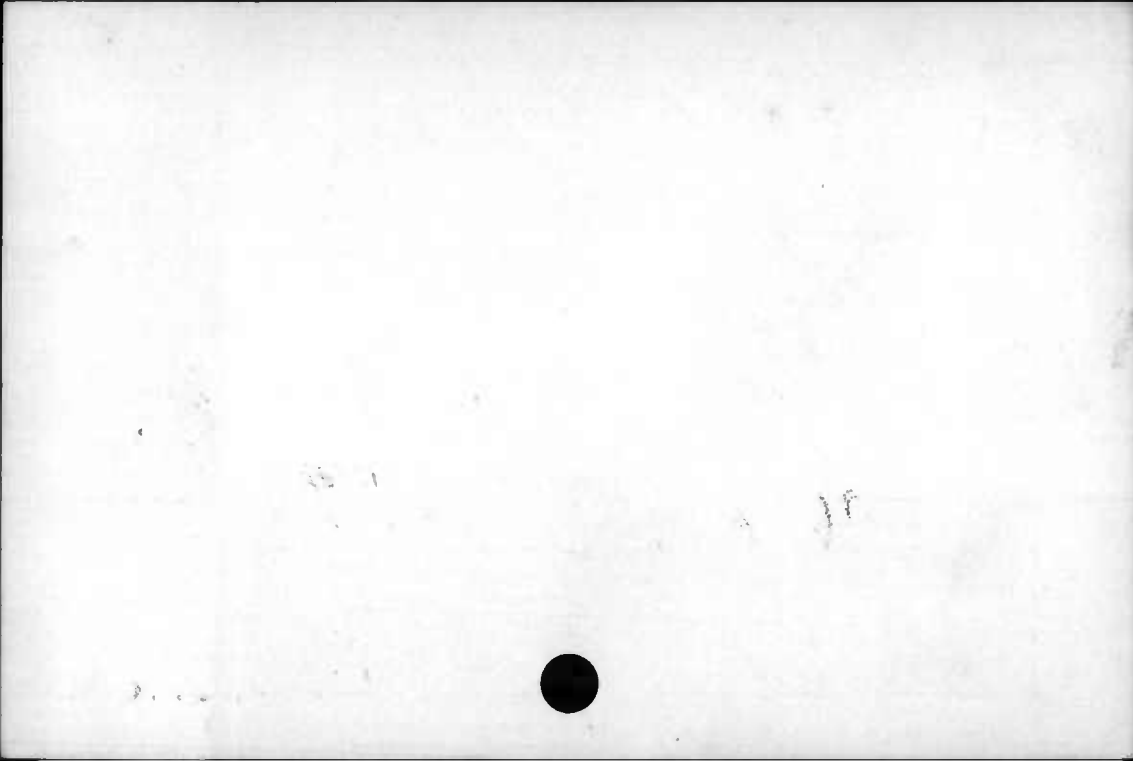
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| <u>No Dr. J. A. T. Anderson</u> | <u>W. J. Crankson</u> |
| Accident or Suicide? | Address |



| | | | | | |
|---|--|---------------------------|---|----------------|--------|
| Name in Full Mary L Franklin | | CERTIFICATE OF DEATH | | | |
| Died at New Berlin Town | | Winchester County | | MARYLAND | |
| Date of death 1903 | Month July | Day 21 | Age | Years 7 | Months |
| Sex Female | Color or Race White | | Birth-place New York | | |
| Married, Single or Widowed | | Occupation | | | |
| Name of Wife or Husband | | | | | |
| Father's Name William R Franklin | | | Father's Birthplace New Jersey | | |
| Mother's Maiden Name Mary L Chapman | | | Mother's Birthplace New York | | |
| Name of person giving information William R Franklin | | | How related to deceased Widow father | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary Dysentery | | How long 14 | | |
| | Hydrocephalus | | How long 2 weeks | | |
| | Immediate | | 4 days | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician E. E. Holland | | |
| | | Address Berlin Ind | | | |
| Accident or Suicide | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *unnamed*
Town *Pocomoke city*
Died at

GUNDY (?)

County

Worcester

MARYLAND

Date
of death 190 *3* Month *July* Day *7*

Age Years Months Days

*31*Sex *Female*Color or
Race*colored*Birth-
place*Pocomoke*Married, Single
or Widowed*infant*

Occupation

*infant*Name of Wife or
HusbandFather's
Name*North Gundry*Father's
Birthplace*Pocomoke city*Mother's
Maiden Name*Amanda Fields*Mother's
BirthplaceName of person giving
In formation*Harry Hall and*How related
to deceased*husband*

CAUSES OF DEATH

Primary

Enanition

How long

all its life

Immediate

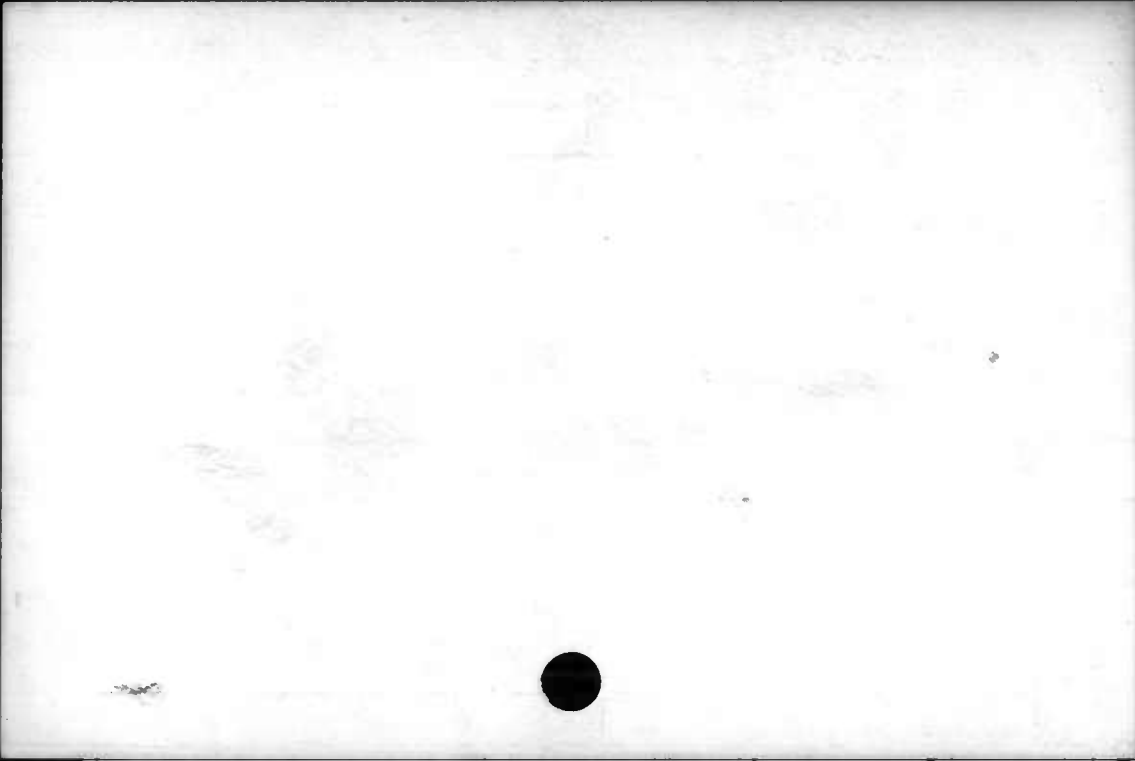
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Samuel S. Quinn*

Address

Pocomoke city Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unnamed Twins

HARNS

Died at

Town

Pocomoke city

County

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

July

8

Age

Sex

Females

Color or
Race

Colored

Birth-
place

Pocomoke city

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Chas Harns

Father's
Birthplace

Pocomoke

Mother's
Maiden Name

Elysa Ann Blake

Mother's
Birthplace

Accomack

Name of person giving
In formation

Richard Hollan

How related
to deceased

Neighbor

CAUSES OF DEATH

Primary

Doubt Known

How long

2 + 3 Hours

Immediate

" " 179

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

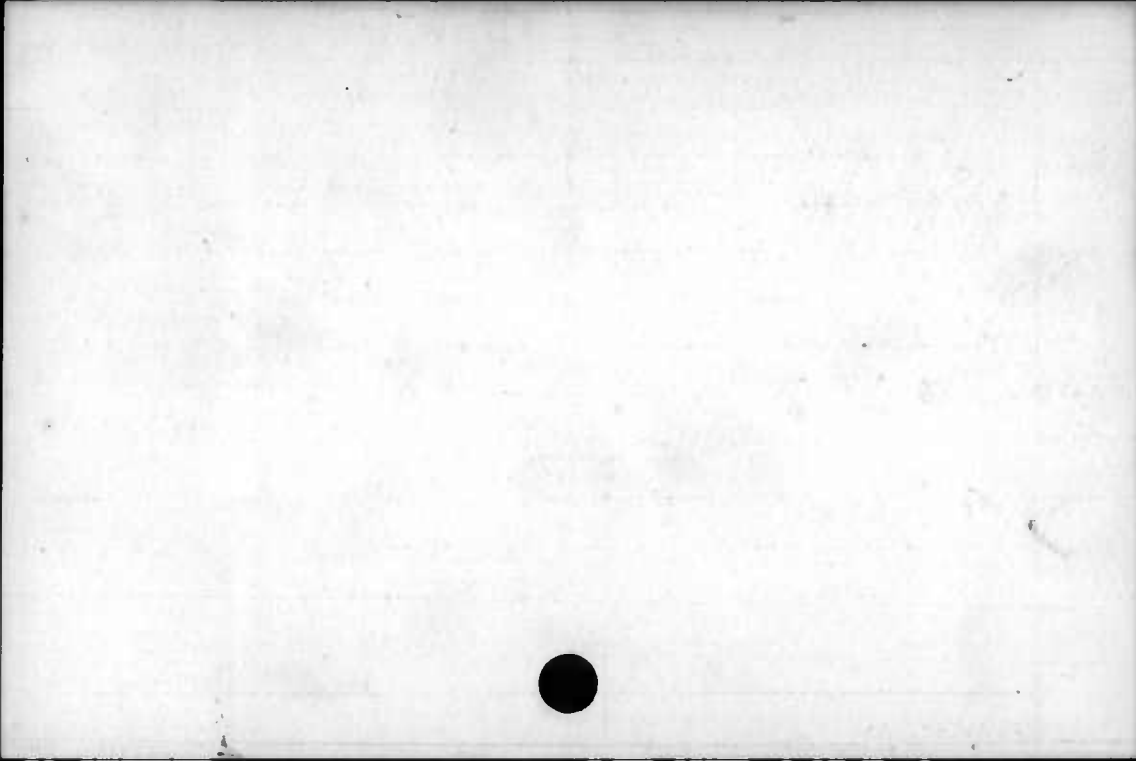
Signature of
Physician

Address

Saul S. Sauer
Pocomoke City
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Purnell Harris

CERTIFICATE OF DEATH

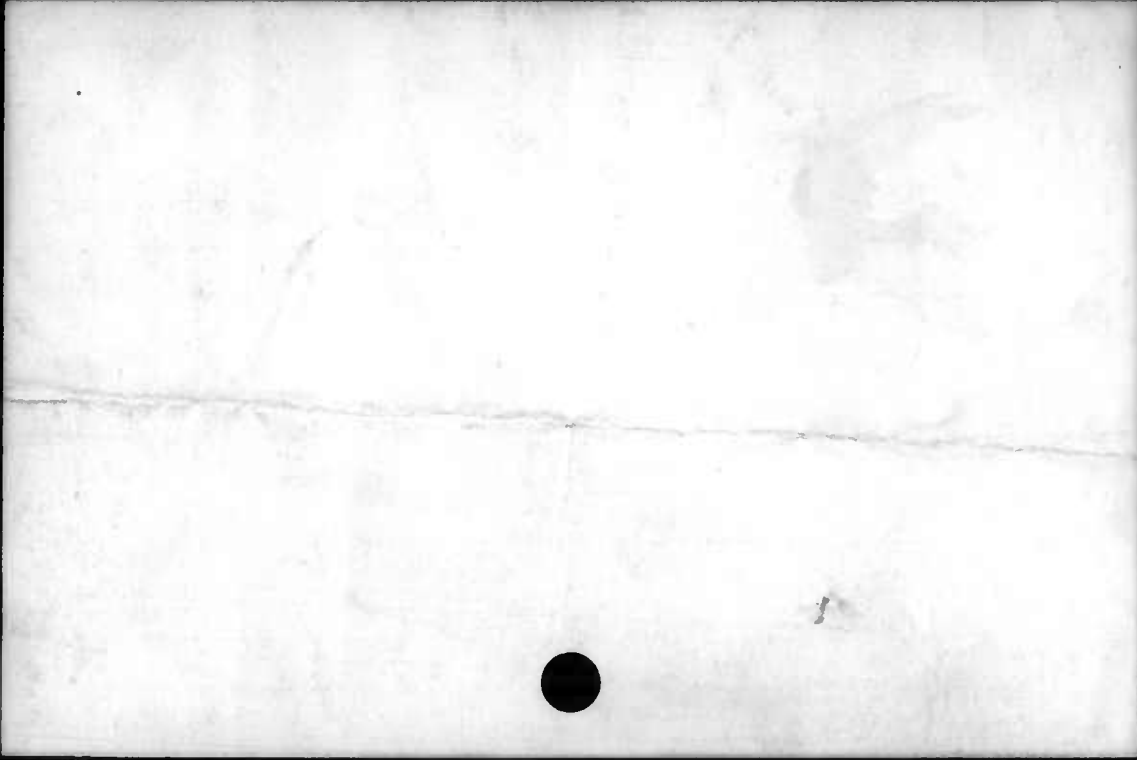
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|------------------------------------|--|--------------|-----------------|
| Died at <i>Pocomoke City</i> ^{Town} | | <i>Worcester</i> ^{County} | | MARYLAND | |
| Date of death | <i>1903</i> | Month <i>July</i> | Day <i>21</i> | Age <i>7</i> | Months <i>7</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Pocomoke City Md</i> | | |
| Occupation <i>Infant</i> | | | Where Residing if not at place of death <i>at place of death</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Purnell Harris</i> | | | Father's Birthplace <i>Somerset Co Md</i> | | |
| Mother's Maiden Name <i>Etta Kelley</i> | | | Mother's Birthplace <i>Somerset Co Md</i> | | |
| Name of person giving Information <i>B J Kelley</i> | | | How related to deceased <i>Uncle</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Diarrhoea</i> | How long <i>from birth 3 months</i> |
| Immediate <i>Wasting. loss of strength</i> | How long <i>from birth</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>F J Coaster</i> |
| | Address <i>Pocomoke City Md</i> |
| Accident or Suicide? <i>neither</i> | |



Name
in
Full

David T. S. Hayward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|------------------------------------|-------------------------------------|-----------------|---------------|
| Died at <u>Snow Hill</u> ^{Town} | | <u>Worcester</u> ^{County} | | MARYLAND | |
| Date of death 1903 | Month <u>July</u> | Day <u>15</u> | Years <u>82</u> | Months <u>—</u> | Days <u>—</u> |
| Sex <u>Male</u> | Color or Race <u>Colored</u> | | Birth-place <u>Worcester</u> | | |
| Married, Single <u>Married</u> or Widowed | | Occupation <u>Seaman</u> | | | |
| Name of Wife or Husband <u>Rodica Selby</u> | | | | | |
| Father's Name <u>Levi Jones</u> | | | Father's Birthplace <u>unknown</u> | | |
| Mother's Maiden Name <u>Hannah Jones</u> | | | Mother's Birthplace <u>unknown</u> | | |
| Name of person giving Information <u>Rodica Hayward</u> | | | How related to deceased <u>wife</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------------|---|------------------|
| Primary | <u>Heart Failure</u> <u>154</u> | How long | <u>12 months</u> |
| Immediate | <u>yes.</u> | How long | <u>2 months</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes.</u> | | Signature of Physician <u>William S. Williams</u> | |
| <u>Snow Hill</u> | | Address <u>Worcester</u> | |
| Accident or Suicide? <u>County</u> | | <u>Massachusetts</u> | |



Name
in
Full

Amanda M Henderson

CERTIFICATE OF DEATH

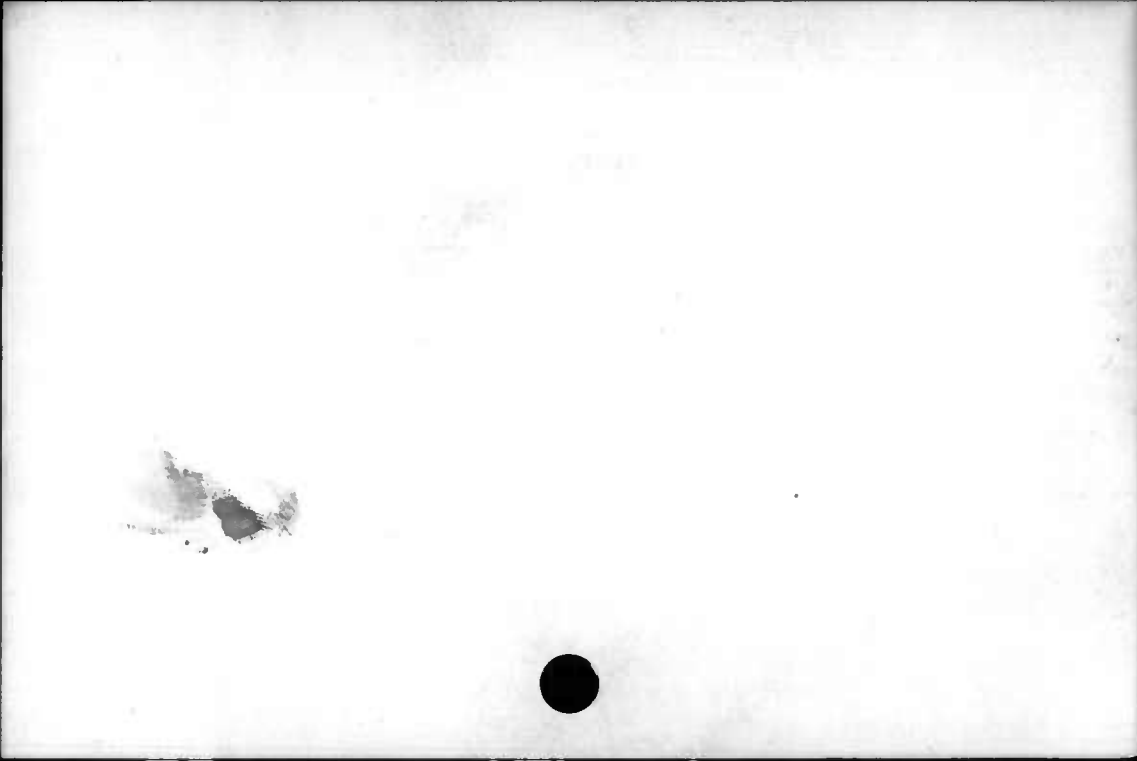
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|--|------------------|------|
| Died at <i>Pocomoke City</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>July</i> | Day <i>23</i> | Years <i>54</i> | Months <i>11</i> | Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Worcester Co Md</i> | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>at place of death</i> | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Henry F Henderson</i> | | | | |
| Father's Name <i>Levin Merrill</i> | Father's Birthplace <i>Worcester Co Md</i> | | | | |
| Mother's Maiden Name <i>Leah Howard</i> | Mother's Birthplace <i>Worcester Co Md</i> | | | | |
| Name of person giving Information <i>Henry F Henderson</i> | | | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Disease of Heart</i> | How long <i>about 24 hours</i> |
| Immediate <i>Heart Failure</i> | How long <i>about six hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J J Coaster</i> |
| | Address <i>Pocomoke City Md</i> |
| Accident or Suicide? <i>Neither</i> | |



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

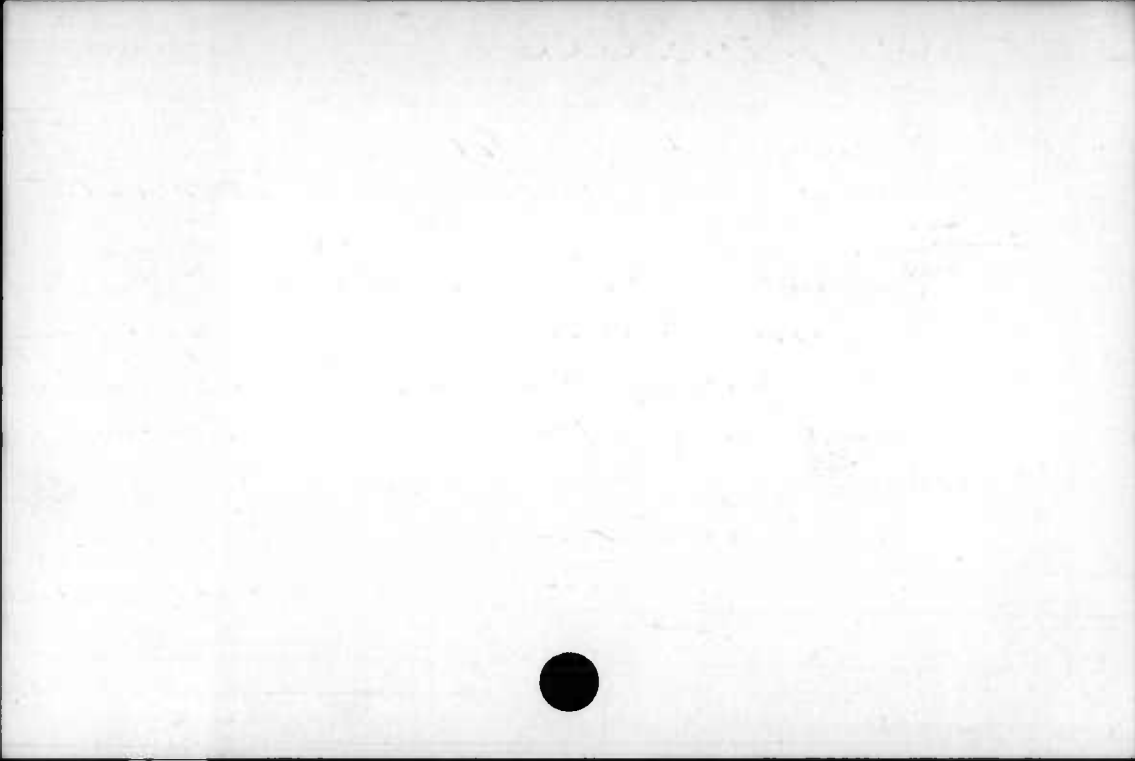
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|------------------|------|-----------------|----------------------------|--------|------|--|
| Died at | | Town | | County | | | |
| Date of death 1903 | Month | Day | Age | Years | Months | Days | |
| Sex | Color or Race | | Birth- place | | | | |
| Married, Single or Widowed | | | Occupation | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving In formation | | | | How related to deceased | | | |

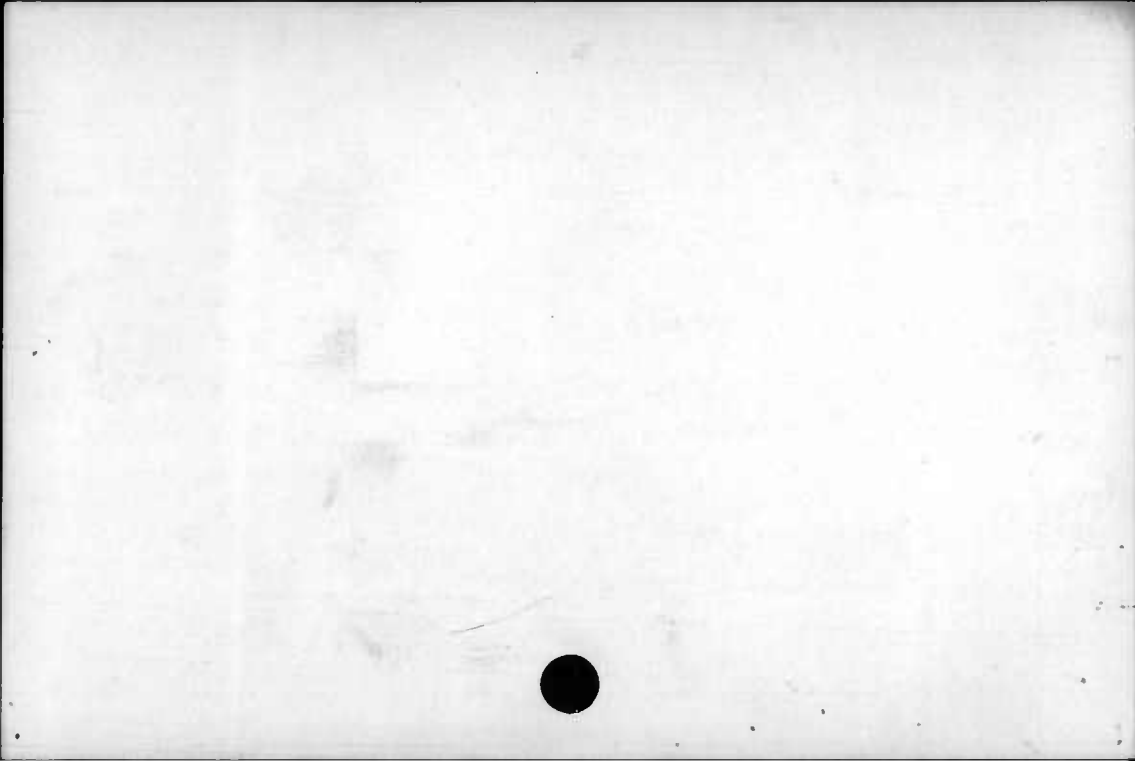
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| | Address |
| Accident or Suicide? | |



| | | | | | |
|--|---|---------------------------------------|---|--------------------------------|-------------------------|
| Name in Full <i>Mary Holland</i> | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY • NEAREST FRIEND | Died at <i>Pocomoke City</i> Town | | <i>Worcester</i> County | | MARYLAND |
| | Date of death 190 <i>3</i> Month <i>July</i> Day <i>10</i> | Age <i>2</i> Years | | <i>5</i> Months | Days |
| | Sex <i>Female</i> | Color or Race <i>negro</i> | | Birth-place <i>Pocomoke Md</i> | |
| | Married, Single or Widowed <i>Infant</i> | | Occupation | | |
| | Name of Wife or Husband | | | | |
| | Father's Name <i>Handy Holland</i> | | Father's Birthplace <i>Md</i> | | |
| | Mother's Maiden Name <i>Caroline Dickerson</i> | | Mother's Birthplace <i>Md</i> | | |
| Name of person giving information <i>Handy Holland</i> | | How related to deceased <i>father</i> | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Diarrhoea</i> | | <i>106</i> | | How long <i>5 weeks</i> |
| | Immediate <i>Exhaustion & change</i> | | | | How long |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>J J Lowster</i> | | |
| | | | Address <i>Pocomoke Md</i> | | |
| Accident or Suicide? <i>no</i> | | | | | |



Name
in
Full

(Not Named) - Halland.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|------------------------------------|---|----------|---------------|
| Died at <i>Pocomoke City</i> ^{Town} | | <i>Worcester</i> ^{County} | | MARYLAND | |
| Date of death 1903 | Month <i>July</i> | Day <i>14</i> | Years | Months | Days <i>6</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Pocomoke City, Md.</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Samuel S. Halland</i> | | | Father's Birthplace <i>Brownsville, Md.</i> | | |
| Mother's Maiden Name <i>Josephine A. Jones or</i> | | | Mother's Birthplace <i>Brownsville, Md.</i> | | |
| Name of person giving information <i>S. S. Halland.</i> | | | How related to deceased <i>Father.</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|------------------------|---------------------------|----------|----------|
| Primary | <i>Premature Birth</i> | 151 | How long | <i>—</i> |
| Immediate | <i>"</i> | <i>"</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | | |
| Signature of Physician | | <i>R. Lee Haer</i> | | |
| Address | | <i>Pocomoke City, Md.</i> | | |
| Accident or Suicide? <i>—</i> | | | | |



Name
in
Full

Fannie S. Hudson

CERTIFICATE OF DEATH

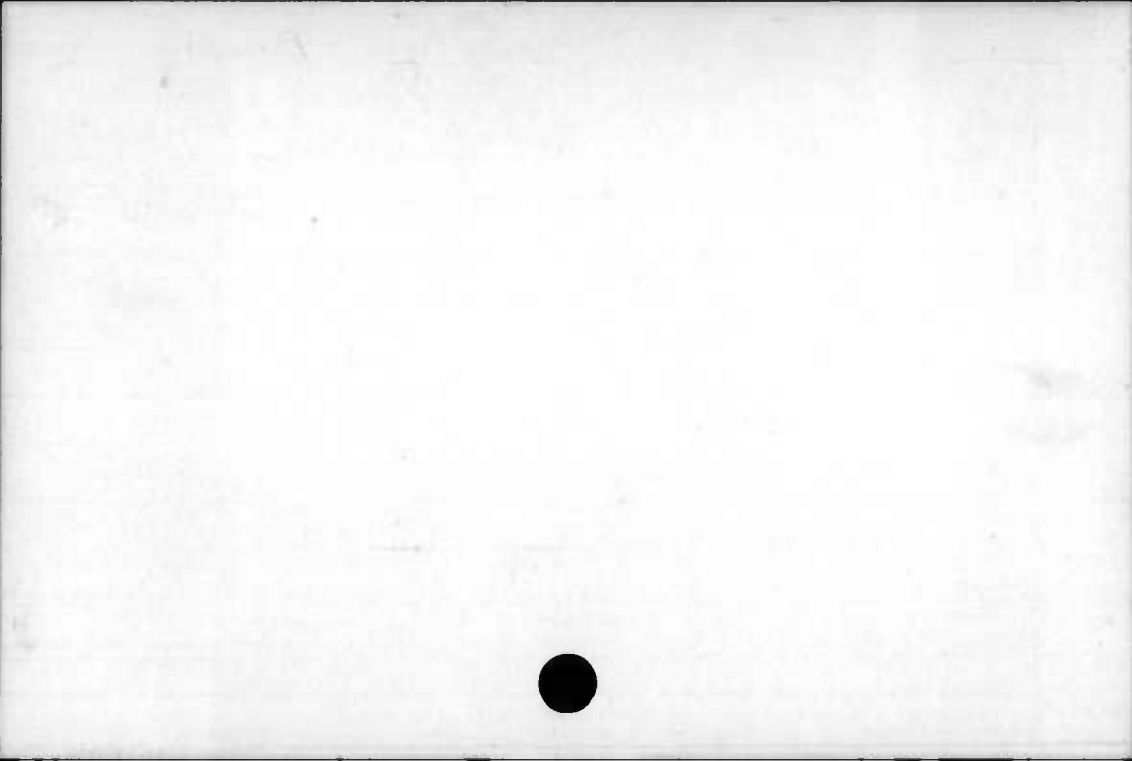
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------|-----------------------------|------------------------------|----------|------|
| Died at ^{Town} North Beach | | ^{County} Worcester | | MARYLAND | |
| Date of death 1903 | Month July | Day 17 | Years 19 | Months | Days |
| Sex Female | Color or Race White | | Birth-place North Beach | | |
| Married, Single or Widowed Single | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name J. A. J. Hudson | | | Father's Birthplace Maryland | | |
| Mother's Maiden Name Mary Rogers 163 | | | Mother's Birthplace Maryland | | |
| Name of person giving Information J. W. Pitts | | | How related to deceased No. | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------------|------------------------|------------------|
| Primary | Draught of concentrated Lye | How long | 14 months |
| Immediate | Contraction of throat | How long | 12 months |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician | J. W. Pitts. |
| | | Address | Berlin, Maryland |
| Accident or Suicide? Suicidal | | | |





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---------------------------|--|---|--|-------------|--|
| Name Wm. P. Rayfield | | Town Snow Hill | | County Worcester | | MARYLAND | |
| Died at | | Month July | | Day 21 st | | Age 8 | |
| Date of death 1903 | | Month July | | Day 21 st | | Age 8 | |
| Sex male | | Color or Race white | | Birth- place near Snow Hill | | Months 3 | |
| Married, Single or Widowed — | | Occupation — | | | | | |
| Name of Wife or Husband — | | | | | | | |
| Father's Name Wm. Rayfield | | | | Father's Birthplace Md. | | | |
| Mother's Maiden Name Margaret White | | | | Mother's Birthplace Md. | | | |
| Name of person giving In formation Wm. White | | | | How related to deceased grandfather | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary | | How long 179 | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? Yes. | | Signature of Physician Wm. T. Hearn | |
| | | Address Snow Hill Md. | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

No Name

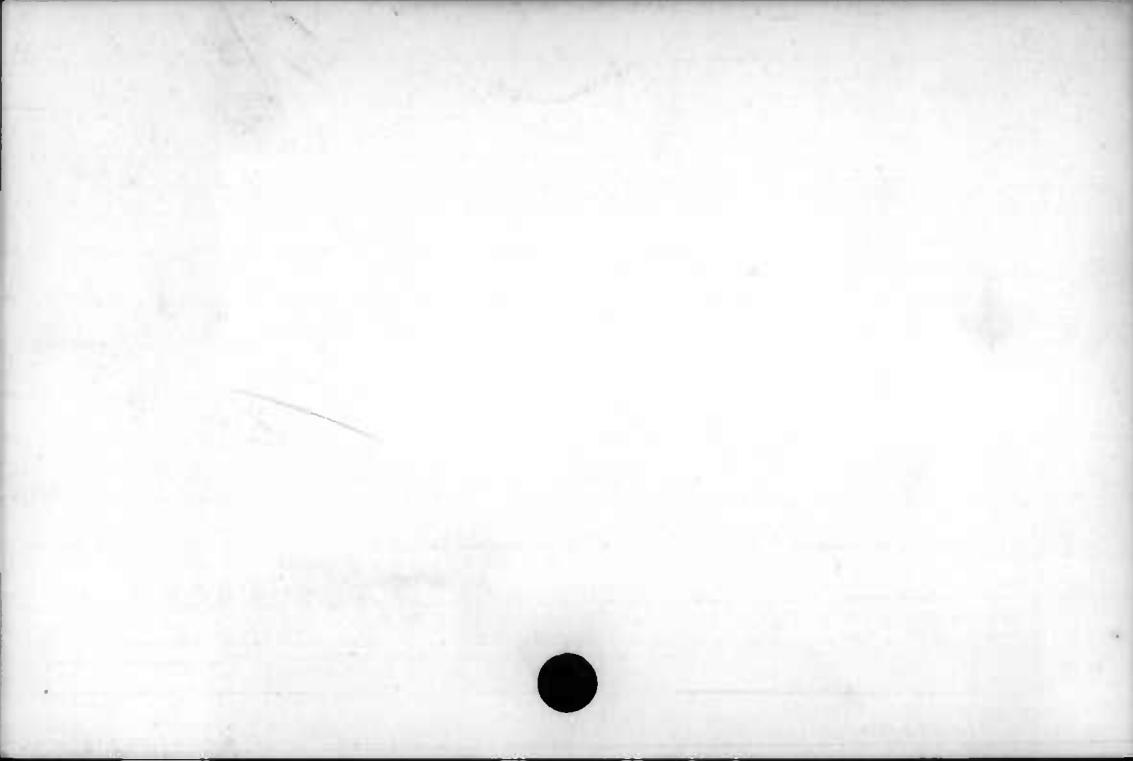
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|--------------|---------------------------|-----------------|---------------|
| Died at <i>Berlin</i> Town | | County | | MARYLAND | |
| Date of death 190 <i>7</i> | Month <i>July</i> | Day <i>4</i> | Age <i>—</i> Years | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>African</i> | | Birth-place <i>Berlin</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Miss Mcgregor</i> | | | Father's Birthplace | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Too large a child & too fat</i> | How long <i>Months</i> |
| Immediate <i>Manual delivery</i> | How long <i>10 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. E. Holland</i> |
| | Address <i>Berlin Md</i> |
| <i>Accident or Suicide</i> | |



Name

in
Full

Elizabeth Grace McMaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------------|-----------------------------|-------------------------|----------|----------|
| Died at ^{Town} Pocomoke City | | ^{County} Worcester | | MARYLAND | |
| Date of death 1903 | Month 7 | Day 18 | Age 71 | Years | Months 9 |
| Sex Female | Color or Race Caucasian | Birth-place Pocomoke City | | Days | |
| Married, Single or Widowed | | | Occupation none | | |
| Name of Wife or Husband Mr John S. B. McMaster | | | | | |
| Father's Name Mrs S. Stevenson | | | Father's Birthplace Md. | | |
| Mother's Maiden Name Harriet Zingle | | | Mother's Birthplace Md. | | |
| Name of person giving information H. N. Willis | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|-------------------------------------|
| Primary Tuberculosis | How long Some months |
| Immediate Exhaustion | How long 10 days |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician H. N. Willis |
| | Address Pocomoke City Md. |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|------------------------------------|--|-----------------|--|
| Name in Full <i>Esther A. Mills</i> | | Town <i>Pocomoke City</i> | | County <i>Worcester</i> | | MARYLAND | |
| Died at | | Date of death 190 <i>3</i> | | Age <i>77</i> | | Months <i>6</i> | |
| Month <i>July</i> | | Day <i>2</i> | | Years | | Days | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Worcester Co</i> | | | |
| Married, Single or Widowed <i>Widow</i> | | Occupation <i>Domestic</i> | | | | | |
| Name of Wife or Husband <i>Widow of Jas Mills</i> | | | | | | | |
| Father's Name <i>William Bishop</i> | | Father's Birthplace <i>Not known</i> | | | | | |
| Mother's Maiden Name <i>Sallie Atkinson</i> | | Mother's Birthplace <i>Worcester Co</i> | | | | | |
| Name of person giving information <i>May E. Mills</i> | | How related to deceased <i>Granddaughter</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Senility</i> | How long <i>1st</i> |
| Immediate <i>Stroke</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>S S Lunn</i> |
| | Address <i>Pocomoke City</i> |
| Accident or Suicide? | |



Jacob. Miller

Died at

Town
Pocomoke City

County

Worcester

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

7

1

Age

3

13

md

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

David Miller

Mother's

Maiden Name

Hannah Hadley

Cause of

Primary

Opium narcosis

How long sick

some days

Death

Immediate

Cerebral congestion

~~Accident, Suicide, Homicide~~

Reported by

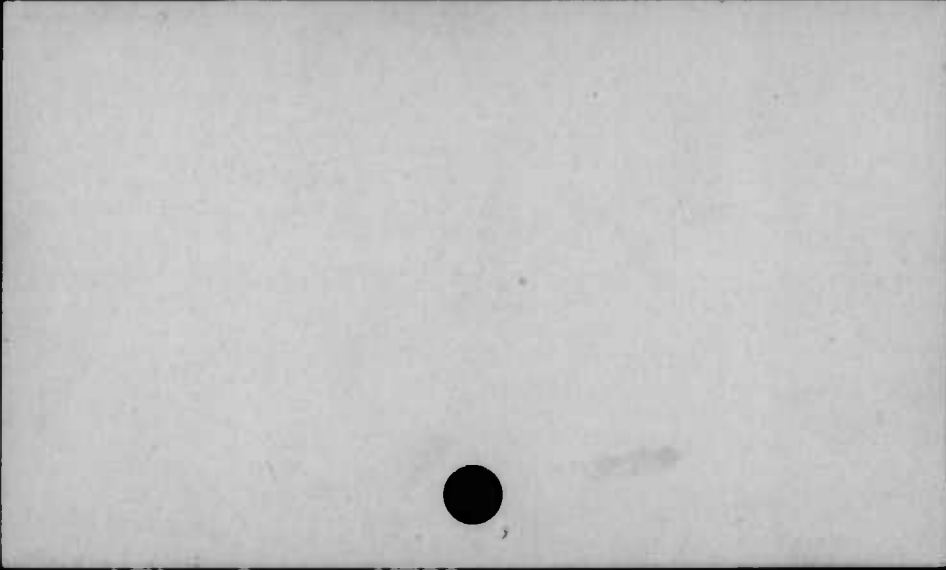
J. N. Wilkins

Address

Pocomoke City Md.

175

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|-------------------------|-------------------------------------|------------------|------------------|
| Died at <i>Snow Hill</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>July</i> | Day <i>26</i> | Age <i>about</i> | Months <i>60</i> | Days <i>Yrs.</i> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>_____</i> | | |
| Married, Single or Widowed <i>married</i> | Occupation <i>day laborer</i> | | | | |
| Name of Wife or Husband <i>_____</i> | | | | | |
| Father's Name <i>_____</i> | | | Father's Birthplace <i>_____</i> | | |
| Mother's Maiden Name <i>_____</i> | | | Mother's Birthplace <i>_____</i> | | |
| Name of person giving information <i>Will Tollitt</i> | | | How related to deceased <i>None</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Cerebral Apoplexy</i> | How long <i>6 hr</i> |
| Immediate <i>Paralysis of heart</i> | How long <i>_____</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. S. G. Lott</i> |
| | Address <i>_____</i> |
| Accident or Suicide? <i>_____</i> | |

Michael J. Foster

Name in Full

Certificate of Death

Infant

Died at

Kleg Grange

County

Worcester

MARYLAND

Date

1903

Month

Day

7

26

Y.

M.

D.

Native of

Occupation

Age

dead born

md

Male

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Parker Pruitt

Mother's

Name

Alice Lar

How long sick

Cause of

Primary

Death

Immediate

dead born

Accident, Suicide, Homicide

Reported by

Honeyock + Smack

Address

Stoughton




md

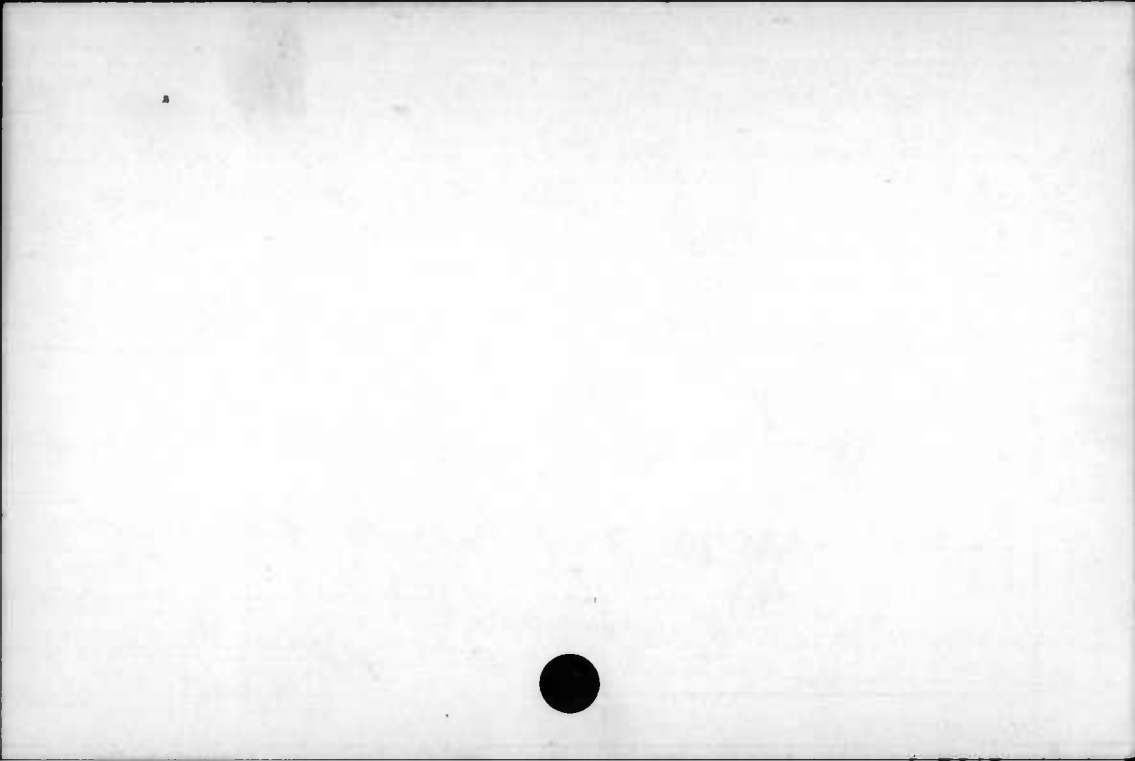
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

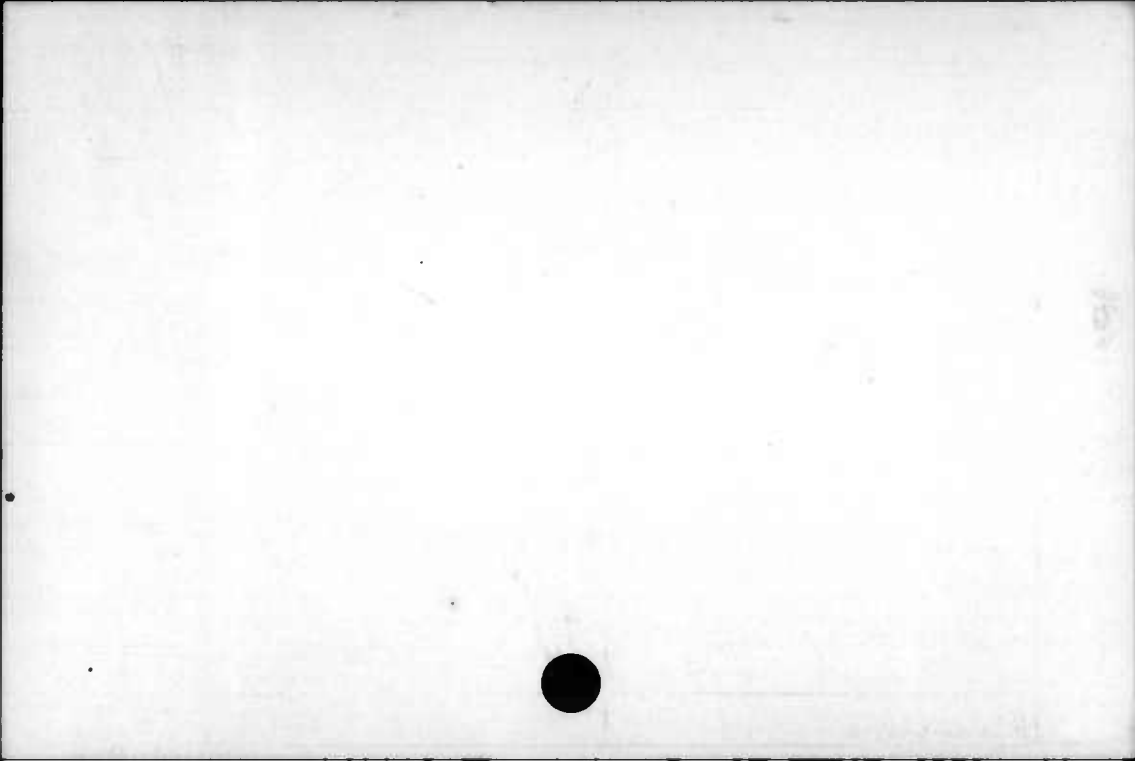
Seen by Coroner _____
of _____

Information contained in this certificate
received from _____
of _____

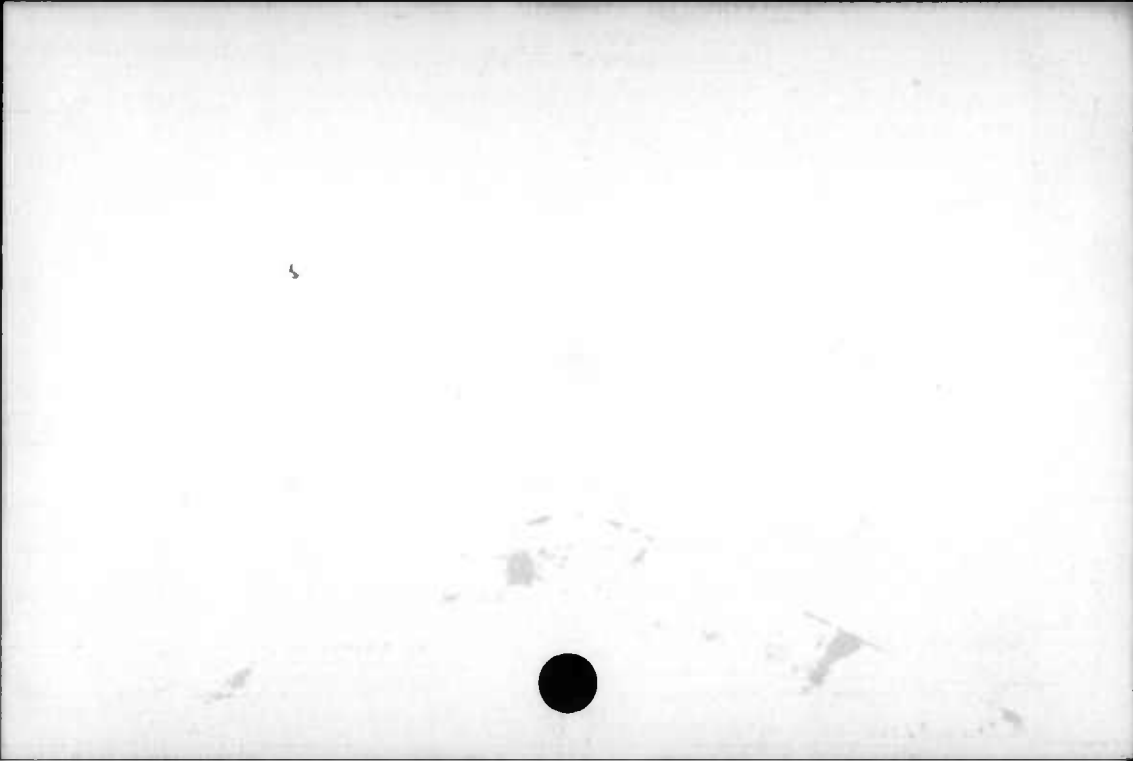
| Name in Full | | Infant. | | | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|---------|--------------------------|------------|--|----------------------|-------------------------|--------|--------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town <i>Symposium</i> | | County <i>Harrison</i> | | MARYLAND | | |
| | Date of death 190 | | 3 | Month 7 | Day 10 | Age | Years | Months | 6 Days |
| | Sex | | | | Color or Race <i>White</i> | | Birth-place | | |
| | Married <u>Single</u> or Widowed | | | | Occupation | | | | |
| | Name of Wife or Husband | | | | | | | | |
| | Father's Name | | | | <i>Wm Richardson</i> | | Father's Birthplace | | |
| | Mother's Maiden Name | | | | | | Mother's Birthplace | | |
| PHYSICIAN OR CORONER | Name of person giving information | | | | 151 | | How related to deceased | | |
| | CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | | | <i>Infant</i> | | How long | | |
| | Immediate | | | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | <div>  </div> | | | | |
| | | | | | <div>  </div> | | | | |
| | Accident or Suicide? | | | | <div>  </div> | | | | |



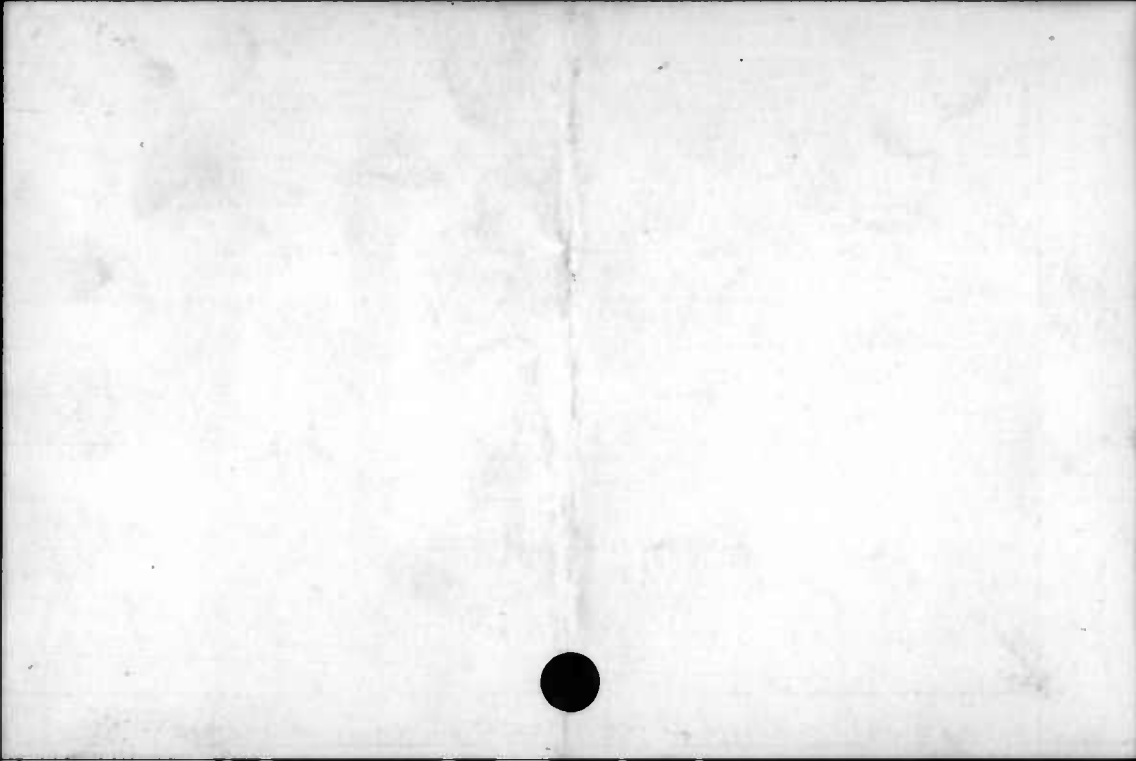
| | | | | | | | | | | | |
|-----------------------------------|--|----------|-----------------------------------|-------|------------------------|----------------------|-------------------------|---------------------|-------------|----------------|-------------|
| Name in Full | | No Name. | | | | CERTIFICATE OF DEATH | | | | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Near Berles Town | | Norcross County | | MARYLAND | | | | |
| | Date of death 190 | | 3 | Month | 7 | Day | 4 | Age | Years | Months | Days |
| | Sex | | female | | Color or Race | | White | | Birth-place | | Near Berles |
| | Married, Single or Widowed | | Single | | Occupation | | | | | | |
| | Name of Wife or Husband | | | | | | | | | | |
| | Father's Name | | Jas Scott | | | | | Father's Birthplace | | Near Four Mile | |
| | Mother's Maiden Name | | Lucy — 108 | | | | | Mother's Birthplace | | | |
| Name of person giving information | | | | | | | How related to deceased | | | | |
| CAUSES OF DEATH | | | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Obstruction of bowels, Congenital | | | | | | How long | | |
| | Immediate | | | | | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | E. H. Hollen & | | | | |
| | | | | | Address | | Berles | | | | |
| | Accident or Suicide? | | | | | | | | | | |



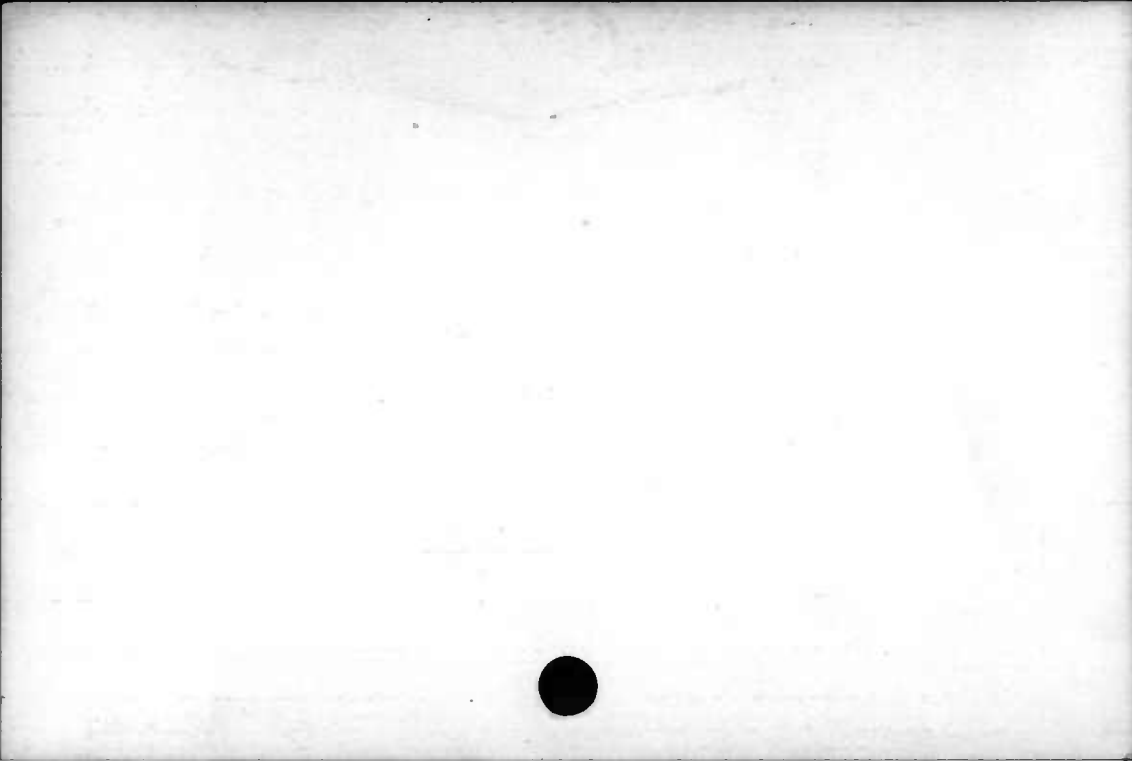
| | | | | | | | |
|-------------------------------------|--|--|-------------------------------|---|---------------------------------------|----------------------------|------------------|
| Name in Full | | Joshua Shockley | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died ^{Town} <i>near Snow Hill</i> | | ^{County} <i>Worcester</i> | | MARYLAND | |
| | | Date of death 1903 | Month <i>7</i> | Day <i>22</i> | Years Age <i>77</i> | Months <i>8</i> | Days <i>-</i> |
| | | Sex <i>Male</i> | Color or Race <i>white</i> | | Birth- place <i>Ind</i> | | |
| | | Married, Single or Widowed | | Occupation <i>Farmer</i> | | | |
| | | Name of Wife or Husband <i>Sarah Mary Margaret Colay vild</i> | | | | | |
| | | Father's Name <i>Isaac Shockley</i> | | | Father's Birthplace <i>Ind</i> | | |
| | | Mother's Maiden Name <i>Mary -</i> | | | Mother's Birthplace <i>Ind</i> | | |
| | | Name of person giving In formation <i>Isaac Shockley</i> | | | How related to deceased <i>Son</i> | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Paralysis</i> | | <i>66</i> | | How long <i>3 years</i> | |
| | | Immediate <i>Asthma</i> | | | | How long <i>1 week</i> | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Lee P. Jones</i> | | | |
| | | | | Address <i>Snow Hill Ind</i> | | | |
| | | Accident or Suicide? | | | | | |



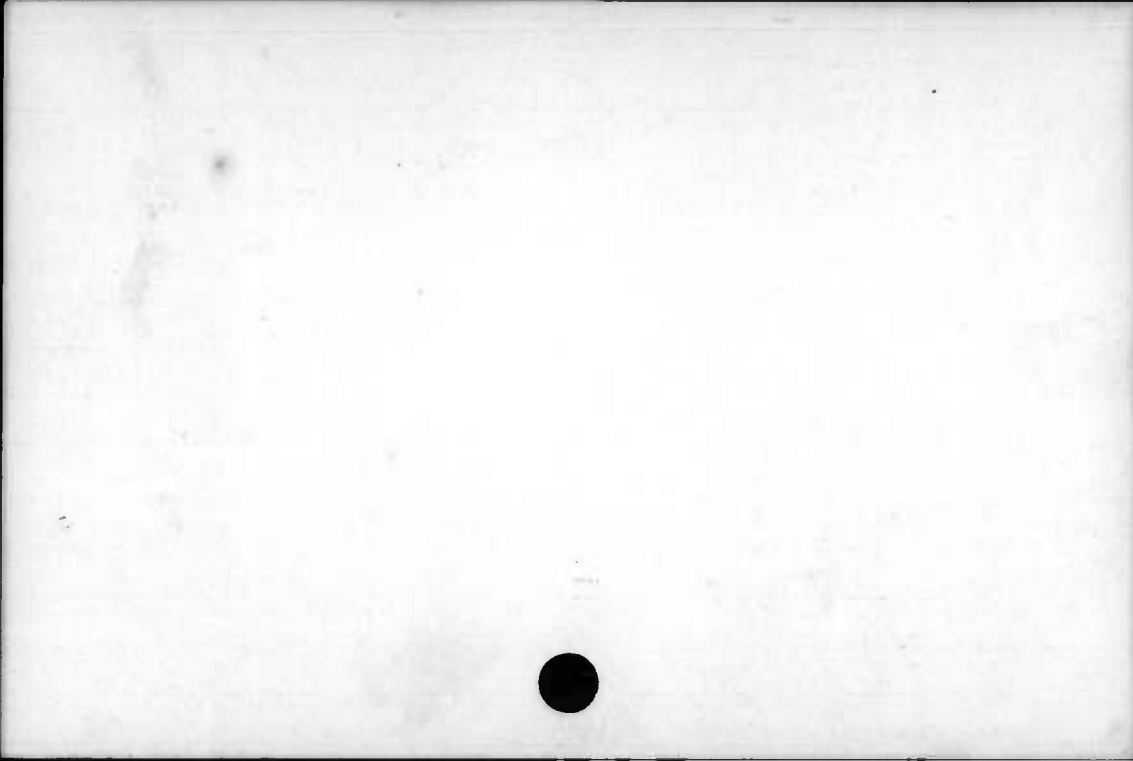
| | | | |
|---|---|--|--|
| Name in Full Hillman Thomas Selbey | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at Shockton <small>Town</small> | | Worcester <small>County</small> |
| | MARYLAND | | |
| | Date of death 190 3 | Month 9 | Day 10 |
| | Age 1 Years | | Months 10 Days 9 |
| | Sex Female | Color or Race Black | Birth-place Shockton, Md. |
| | Married, Single or Widowed — | | Occupation |
| | Name of Wife or Husband — | | |
| Father's Name Ed Selbey | | Father's Birthplace Md. | |
| Mother's Maiden Name Annie Martin | | Mother's Birthplace Md. | |
| Name of person giving information John. Martin | | How related to deceased Step Father | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary Pneumonia 93 | | How long 3 days |
| | Immediate Endocarditis | | How long 2 days |
| | Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician CH Bennett |
| | Giddick | | Address Worcester Co. |
| Accident or Suicide? | | | |



| | | | | | | | | | |
|--|--|---|--|---|-------------------------|--|-------------------|--------------------|------------------|
| Name in Full | | not named | | | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <u>Coulbourn's</u> Town | | | <u>Worcester</u> County | | | MARYLAND | |
| | | Date of death 1903 | | Month <u>7</u> | Day <u>9</u> | Age <u>✓</u> | Years <u>2</u> | Months <u>✓</u> | Days <u>✓</u> |
| | | Sex <u>Female</u> | | Color <u>White</u> | | Birth-place <u>Coulbourn's</u> | | | |
| | | Married, Single or Widowed | | <u>✓</u> | | Occupation <u>✓</u> | | | |
| | | Name of Wife or Husband <u>✓</u> | | | | | | | |
| | | Father's Name <u>Purcell Amullin</u> | | | | Father's Birthplace <u>near Coulbourn's</u> | | | |
| | | Mother's Maiden Name <u>Amullin</u> | | | | Mother's Birthplace <u>near Coulbourn's</u> | | | |
| Name of person giving information <u>Jas. C. Dickerson</u> | | | | How related to deceased <u>not at all</u> | | | | | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary <u>Cholera Infantum 105</u> | | | | How long | | | |
| | | Immediate | | | | How long | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | | | Signature of Physician <u>W. D. Franklin, M.D.</u> | | | |
| | | | | | | Address <u>Shon Hill, Md</u> | | | |
| | | Accident or Suicide? | | | | | | | |



| | | | | | | | |
|---|---|----------------------------|--|---|-----------------|--------------------------------|--|
| Name in Full | | Louisa Tholl | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Berlin</u> Town | | <u>incent</u> County | | MARYLAND | | |
| | Date of death 190 <u>3</u> | Month <u>July</u> | Day <u>30</u> | Age <u>64</u> Years | Months <u>—</u> | Days <u>—</u> | |
| | Sex <u>Female</u> | Color or Race <u>Black</u> | | Birth-place <u>Berlin Md</u> | | | |
| | Married, Single or <u>Widowed</u> | | | Occupation | | | |
| | Name of Wife or Husband <u>Andrew Tholl</u> | | | | | | |
| | Father's Name <u>Arthur Rabberis</u> | | | Father's Birthplace <u>Berlin Md</u> | | | |
| | Mother's Maiden Name <u>Louise Rabberis</u> | | | Mother's Birthplace <u>Near Berlin Md</u> | | | |
| Name of person giving information <u>Andrew Tholl</u> | | | How related to deceased <u>Husband</u> | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | | <u>179</u> | | How long <u>about one year</u> | |
| | Immediate | | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | | Signature of Physician | | | |
| | <u>No</u> See in attendance | | | Address | | | |
| | Accident or Suicide? <u>L. J. Evans & son undertakers Berlin</u> | | | | | | |



Name
in
Full

Ellen B Timmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|------------------------------------|--|-----------------|---------------|
| Died at ^{Town} <i>near Liberty</i> | | ^{County} <i>Worcester</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>July</i> | Day <i>7</i> | Age Years <i>53</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>—</i> | Color or Race <i>white</i> | | Birth-place <i>near Berlin</i> | | |
| Married, Single or Widowed | | | Occupation | | |
| Name of Wife or Husband <i>George Timmons</i> | | | | | |
| Father's Name | | | Father's Birthplace <i>Liberty</i> | | |
| Mother's Maiden Name <i>Ellen B. Beathards</i> | | | Mother's Birthplace <i>near Berlin</i> | | |
| Name of person giving information <i>George Timmons</i> | | | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|-----------------------------|
| Primary <i>Bright's Disease</i> | <i>120</i> | How long |
| Immediate <i>Paralysis</i> | | How long <i>three weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Almy C. Dickinson</i> | |
| | Address | |
| Accident or Suicide? | | |



Name In Full

Certificate of Death

Mary A. Tull

Town

Stockton

County

Worcester

MARYLAND

Died at

Date 1903

1899

Month

7

Day

18

Age

Y.

32

M.

5

D.

0

Native of

Md

Occupation

House wife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

8

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

P. W. Tull

John Bowley

Mother's

Name

Aina Bowley

How long sick

1 month

Primary

Immediate

Heart failure

Hancock & Smack

Stockton

Md

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____

of _____

Name
in
Full

Bessie Walston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|------------------------------------|---|-------------------------------------|-----------------------------------|
| Died at <u>Camptown</u> ^{Town} | | <u>Worcester</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>3</u> | <u>July</u> ^{Month} | <u>Thursday</u> ^{Day} | <u>about 20</u> ^{Years} | <u> </u> ^{Months} | <u> </u> ^{Days} |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Camptown</u> | | |
| Married, Single or Widowed <u>Single</u> | Occupation <u>Home Maker</u> | | | | |
| Name of Wife or Husband <u> </u> | | | | | |
| Father's Name <u>Geo. B. Walston</u> | | | Father's Birthplace <u> </u> | | |
| Mother's Maiden Name <u>Fisher</u> | | | Mother's Birthplace <u> </u> | | |
| Name of person giving information <u>Charles H. Esham</u> | | | How related to deceased <u> </u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|---------------------------|
| Primary <u>Spinal Meningitis</u> | How long <u>61</u> | How long <u>20 months</u> |
| Immediate <u>" "</u> | | |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>R. P. Collins</u> | |
| | Address <u>Buckhite</u> | |
| Accident or Suicide? <u> </u> | <u>mg</u> | |

